MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 875)

SERIAL NO. 10/208,?22? FILING DATE

APPLICANT

	CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	NO.	OCC.	NO.	OCC.	NO.	OCC.		NO.	OCC.	NO.	OCC.	NO.	OCC.
1			1				61						
2				1			62						
3			)	1			63						
4			)	1			64						
5				1			65						
6			1	)			66						
7			)				67						
8			1	1			68						
9				1			69						
10			)				60						
11			1				61						
12				1			62						
13							63						
14							64						
15							65						
16							66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.			4				TOTAL NO.						
TOTAL OCC.			11				TOTAL OCC.						
TOTAL			15				TOTAL						